



EMPLOYER'S AFFIDAVIT OF EXCEPTION FROM WORKERS' COMPENSATION BENEFITS

TO BE FILED WITH THE §287.804 – Application for Religious Exception

Name of Employer		Employer's Business Name		Federal Employer Identification No.	
Mailing Address – Street				Phone Number	
City	County	State	Zip Code (9-Digit)		

Before me, the undersigned authority, personally appeared _____ who, being duly sworn on this oath states as follows: *(Name of Employer)*

My name is _____. I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated.

I certify that I am the employer of _____.
(Employee's Name)

Check one: I am ☐ I am not ☐ a construction industry employer.

I do hereby state that I am a member of _____. Its established
(Name of recognized religious sect or division)

tenets and/or teachings conscientiously oppose member acceptance of any private or public insurance benefits which makes payments in the event of death, disability, old age, retirement or towards the cost of medical bills and provision of services for medical bills (including the benefits of any insurance system established by the Federal Social Security Act, 42 U.S.C. 301 to 42 U.S.C. 1397jj), and I adhere to said tenets and/or teachings.

I have reviewed this affidavit and to the best of my knowledge and belief, it is true and correct. I understand that providing false and fraudulent information on this affidavit would be subject to investigation by the Division's Fraud & Noncompliance Unit and possible prosecution pursuant to §287.128 RSMo or other applicable laws.

STATE OF MISSOURI)
)
COUNTY OF _____)

Signature of Employer and Date

Subscribed and affirmed to before me this

_____ day of _____, 20_____.

My Commission Expires:

Notary Public

(Notarial Seal)